

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1238

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

279-E

1 F DEATH 304 RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Yavapai</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Yavapai</u>					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Prescott</u>		C. LENGTH OF STAY (IF THIS PLACE IN ARIZONA) <u>60 yrs.</u> <u>60 yrs</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Mayer</u>					
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Prescott Community Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>None</u>					
1 ENT ONAL TA 160 2 257	3. NAME OF DECEASED (TYPE OR PRINT) <u>Grover C Lessard</u>				4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>			
	6. MARRIED - - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH <u>Feb</u> DAY <u>4</u> YEAR <u>1890</u>		8. AGE YEARS <u>60</u> MONTHS <u>11</u> DAYS <u>28</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Cattleman</u>			
	9B. KIND OF BUSINESS OR INDUSTRY <u>Ranch</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>			
	13. SOCIAL SECURITY NO. <u>Unknown</u>		14A. FATHER'S NAME <u>Alphonse W. Lessard</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Canada</u>		15A. MOTHER'S MAIDEN NAME <u>Virginia Lane</u>			
	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Kentucky</u>		16. INFORMANT'S SIGNATURE <u>Joseph Lessard Prescott, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>February 2, 1951</u>					
143X ISE TH 0 18) 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>1 week</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)					
TH TO NAL NCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Aug. 10 48</u> TO <u>Feb. 2 51</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb. 2 51</u> . AND THAT DEATH OCCURRED AT <u>10:10A</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
CAL NER'S ATION	23A. SIGNATURE <u>J. M. O'Leary</u> (DEGREE OR TITLE)				23B. ADDRESS <u>Prescott, Arizona</u>		23C. DATE SIGNED <u>2-3-51</u>			
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Feb. 5, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Prescott, Arizona</u>			
IAL FOR 2 RAR	25A. DATE REC'D BY LOCAL REG. <u>Feb 3, 1951</u>		25B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Prescott, Ariz.</u>		27. EMBALMER'S SIGNATURE <u>Robert V. Ingraham</u> CERT. NO. <u>294-7</u>			